

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 - 0 1 6

2. STATE:

Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/99

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0

b. FFY 2001 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A page 8c

Supplement 1 to Attachment 3.1-B page 7c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

Same

10. SUBJECT OF AMENDMENT:

School Based Services - Transportation Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Peggy L. Bartels

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

December 23, 1999

16. RETURN TO:

Peggy L. Bartels, Administrator
Division of Health Care Financing
P.O. Box 309
Madison, WI 53701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/27/99

18. DATE APPROVED:

8/23/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

Oct 1, 1999

21. TYPED NAME:

Cheryl A. Harris

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Insurance Oversight

23. REMARKS:

5. Psychological, Counseling and Social Work: These services mean diagnostic services or active treatments with the intent to reasonably improve the individual's physical or mental condition. These services are performed by a licensed physician or psychiatrist, or licensed or certified school psychologist, school counselor, or school social work staff. These services include but are not limited to: testing and evaluation that apprise cognitive, emotional and social functioning and self concept; recommendations for a course of treatment; IEP case management; and therapy and treatment identified in an IEP that is planning, managing, and providing a program of psychological, counseling or social work services to individuals with a diagnosis or evaluation of psychological or behavioral problems, and unscheduled activities for the purpose of resolving an immediate crisis situation. Treatment services are included in an IEP.

Effective 1-1-98

6. Developmental Testing, IDEA Assessment and Reassessment, and Ongoing Monitoring and Coordination of IEP Services: These services are performed by Directors of Special Education and/or Pupil Services, and other certified school staff within the scope of their certification. Developmental testing means testing performed to determine if motor, speech, language, hearing, and psychological problems exist, or to detect the presence of any developmental lags. IDEA assessments and reassessments are medical assessments that are evaluations, tests, case management required to develop the IEP, and ongoing monitoring and coordination of IEP services and related activities performed to determine if an individual is eligible under the provisions of IDEA. These services occur regularly in the determination of eligibility under IDEA and are related to the evaluation of the functioning of an individual. These services are reimbursable only after they result in the implementation of an IEP.

Effective 1-1-98

7. Transportation: This service includes transportation to and from SBS provider sites for medically necessary services. This transportation include only transportation for which the SBS provider is fiscally responsible, and is limited to specialized transportation such as in ramp or lift vehicles. This transportation may be provided by an SBS provider, or by a provider under contract to the SBS provider, to individuals who need transportation services. The covered services and transportation must be included in an IEP. This benefit is available for transportation to or from the medical service only on the same day that a covered Medical Assistance service is provided, other than transportation services.

Effective 10-1-99

5. Psychological, Counseling and Social Work: These services mean diagnostic services or active treatments with the intent to reasonably improve the individual's physical or mental condition. These services are performed by a licensed physician or psychiatrist, or licensed or certified school psychologist, school counselor, or school social work staff. These services include but are not limited to: testing and evaluation that apprise cognitive, emotional and social functioning and self concept; recommendations for a course of treatment; IEP case management; and therapy and treatment identified in an IEP that is planning, managing, and providing a program of psychological, counseling or social work services to individuals with a diagnosis or evaluation of psychological or behavioral problems, and unscheduled activities for the purpose of resolving an immediate crisis situation. Treatment services are included in an IEP.

Effective 1-1-98

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Effective 10-1-99

TN #99-016
Supersedes
TN #98-006

Approval Date _____

Effective Date 10-1-99